

Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 01/01/2017
through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

Date Stamp

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/
Officeholder Committee
- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain)
(also check type of statement you are amending)
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1399884

COMMITTEE NAME

DISTRICT 8 PROGRESSIVE DEMOCRATS PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO CA 94114 (415)678-7089

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

albanyaroyan@gmail.com

Treasurer(s)

NAME OF TREASURER

Albany Aroyan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco CA 94114 4156787089

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

albanyaroyan@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Albany Aroyan
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	01/01/2017	
through	12/31/2017	Page 2 of 3
NAME OF COMMITTEE DISTRICT 8 PROGRESSIVE DEMOCRATS PAC		I.D. NUMBER 1399884

Expenditures Made

1. Expenditures of \$100 or more made this period	\$0.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2	\$0.00
4. Nonmonetary Adjustment From Line 8 Below	\$0.00
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$0.00

Contributions Received

7. Monetary contributions received this period	\$0.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$0.00

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$0.00
12. Cash receipts this period Line 7 above	\$0.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period Line 3 above	\$0.00
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$0.00

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from <u>01/01/2017</u>		
through <u>12/31/2017</u>		Page <u>3</u> of <u>3</u>
NAME OF COMMITTEE		I.D. NUMBER 1399884

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NAME OF COMMITTEE

DISTRICT 8 PROGRESSIVE DEMOCRATS PAC

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		Calendar Year <hr/> Other <hr/>
SUBTOTAL					

* Required only for payments which are contributions or independent expenditures.